

07-17-2003 12:59

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**BUSINESS ORGANIZATION:** Please check the appropriate box:

- |                                     |                     |                          |                           |
|-------------------------------------|---------------------|--------------------------|---------------------------|
| <input type="checkbox"/>            | Sole Proprietorship | <input type="checkbox"/> | Trust                     |
| <input type="checkbox"/>            | Partnership         | <input type="checkbox"/> | Joint Venture             |
| <input type="checkbox"/>            | Limited Partnership | <input type="checkbox"/> | Non-Profit Corporation    |
| <input checked="" type="checkbox"/> | Corporation         | <input type="checkbox"/> | Limited Liability Company |
| <input type="checkbox"/>            | Other (describe)    |                          |                           |

**EMERGENCY CONTACT PERSON:** In the event of an emergency, provide the name, address and telephone number of the person(s) the PVSC can contact:

Name: Raymond KurlandStreet Address: 575=N. Midland avenueCity, State & Zip Code: Saddle Brook, NJ 07662Business Telephone: 973-797-7200Emergency Telephone: 732-750-4291

**PAST NAMES OF APPLICANT.** List all names under which the applicant has done business or held itself out to the public as doing business in the past. Include names of division, and "trading as," "doing business as," fictitious, or informal name.

<u>Name</u>	<u>From (Year)</u>	<u>To (Year)</u>
<u>N/A</u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>

**APPLICANT'S FORMER FACILITIES IN NEW JERSEY.** List all locations, including office, in the State of New Jersey at which the applicant formerly operated any aspect of its business, and any location at which such a business was owned or operated by any predecessor of the applicant, or by any owner, partner, director, officer, key employee or stockholder holding 10% or more of the applicant's equity.

<u>Address</u>	<u>Type of Facility</u>	<u>From To (years)</u>	<u>NJDEP regis. No. and or USEPA I.D.</u>
<u>N/A</u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>

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**APPLICANT'S FACILITIES IN OTHER JURISDICTIONS.** List all locations in any state, including offices, districts or territory of the United States other than New Jersey, or in any foreign country, at which the applicant is currently operating any aspect of its business.

<u>Address</u>	<u>Telephone</u>	<u>Type of facility</u>	<u>USEPA I.D. and/or any permits (nos. and name of issuing agency)</u>
N/A			

## SECTION TWO

(To be completed only by Corporations and Limited Liability Companies)

**REGISTERED AGENT:** Identify the name and address of the Corporation's Registered Agent:

Name: Dominic Palamenti

Company Name: Enterprise Corrugated Container Corporation

Street Address: 575 North Midland avenue

City, State & Zip Code: Saddle Brook, NJ 07662

Telephone: (973) 797-7200  
(Area Code)

**DATE AND PLACE OF INCORPORATION/FORMATION:** Identify the state where the corporation/LLC was organized and the date on which the Certificate of Incorporation/Formation was filed:

State/Country: New Jersey

Date: 1945

Certificate of Incorporation No.: N.A.

Copy of certificate of incorporation attached? Yes ☒ No

**DATE AUTHORIZED IN NEW JERSEY:** If other than a New Jersey corporation/LLC, state the date on which the corporation/LLC received a Certificate of Authority to Transact Business in New Jersey (and attach copy).

Date: N/A

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**OFFICERS.** List the following information as to each Officer of the corporation. Use additional copies of this section as necessary.

Name: Dominic PalamentiTelephone: (201) 797-7200Business address: 575 N. Midland Ave., Saddle Brook, NJ 07662Office  
heldDate took  
officeDate of  
birthPresident19618/10/1928Name: James BreitTelephone: (201) 797-7200  
(area code)Business address: 575 N. Midland Ave., Saddle Brook, NJ 07662Office  
heldDate took  
officeDate of  
birthExecutive Vice President19919/6/1957

**DIRECTORS.** List the following information as to each Director of the corporation. Use additional copies of this section as necessary.

Name: Dominic PalamentiTelephone: (201) 797-7200  
(area code)Business address: 575 N. Midland Ave., Saddle Brook, NJ 07662Office  
heldDate took  
officeDate of  
birthDirector19618/10/1928

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**OFFICERS.** List the following information as to each Officer of the corporation. Use additional copies of this section as necessary.

Name: Albert PalamentiTelephone: (201) 797-7200Business address: 575 N. Midland Ave., Saddle Brook, NJ 07662

<u>Office held</u>	<u>Date took office</u>	<u>Date of birth</u>
<u>Vice President</u>	<u>1991</u>	<u>10/10/1960</u>

Name: John FarahTelephone: (201) 797-7200  
(area code)Business address: 575 N. Midland Ave., Saddle Brook, NJ 07662

<u>Office held</u>	<u>Date took office</u>	<u>Date of birth</u>
<u>Secretary</u>	<u>1991</u>	<u>2/6/1949</u>

**DIRECTORS.** List the following information as to each Director of the corporation. Use additional copies of this section as necessary.

Name: James BreitTelephone: (201) 797-7200  
(area code)Business address: 575 N. Midland Ave., Saddle Brook, NJ 07662

<u>Office held</u>	<u>Date took office</u>	<u>Date of birth</u>
<u>Director</u>	<u>1991</u>	<u>9/6/1957</u>

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**OFFICERS.** List the following information as to each Officer of the corporation. Use additional copies of this section as necessary.

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Business address: \_\_\_\_\_

Office  
held

Date took  
office

Date of  
birth

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_  
(area code)

Business address: \_\_\_\_\_

Office  
held

Date took  
office

Date of  
birth

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DIRECTORS.** List the following information as to each Director of the corporation. Use additional copies of this section as necessary.

Name: Albert Palamenti

Telephone: (201) 797-7200  
(area code)

Business address: 575 N. Midland Ave., Saddle Brook, NJ 07662

Office  
held

Date took  
office

Date of  
birth

Director

1991

10/10/1960

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**FORMER OFFICERS AND DIRECTORS:** List the following information as to each person who was an Officer or Director of the corporation at any time during the last 10 years and is not listed in the responses above. Use additional copies of this section, as necessary.

Name and last known address: N/A

Position held	From	To (month/year)	Date of birth
_____	_____	_____	_____

### SECTION THREE

(To be completed only by Corporations and Limited Liability Companies)

List all persons and/or entities holding a 10% or greater ownership, equity, beneficial or other interest in the Applicant along with the addresses and telephone #. Use additional copies of this section as necessary.

Name: Dominic Palamenti c/o Enterprise Corrugated Container Corp.

Street Address: 575 N. Midland Avenue, Saddle Brook, NJ 07662

City, State & Zip Code: \_\_\_\_\_ Bus. Phone (201) 797-7200

Name: Estate Trust of Maria Palamenti

Street Address: 575 N. Midland Ave., Saddle Brook, NJ 07662

City, State & Zip Code: \_\_\_\_\_ Bus. Phone (201) 797-7200

If any of the persons and/or entities listed above is a corporation or Limited Liability Corporation, for each such corporation provide all information requested in Section Two of this Questionnaire.

### SECTION FOUR N/A

(To be completed only by Partnerships or Joint Ventures)

Provide a copy of the partnership or joint venture agreement of applicant.

Copy attached? \_\_\_\_\_ Yes \_\_\_\_\_ No

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**FORMER OFFICERS AND DIRECTORS:** List the following information as to each person who was an Officer or Director of the corporation at any time during the last 10 years and is not listed in the responses above. Use additional copies of this section, as necessary.

Name and last known address: N/A

Position held	From	To (month/year)	Date of birth
_____	_____	_____	_____

### SECTION THREE

(To be completed only by Corporations and Limited Liability Companies)

List all persons and/or entities holding a 10% or greater ownership, equity, beneficial or other interest in the Applicant along with the addresses and telephone #. Use additional copies of this section as necessary.

Name: James Breit c/o Enterprise Corrugated Container Corp.

Street Address: 575 N. Midland Ave., Saddle Brook, NJ 07662

City, State & Zip Code: \_\_\_\_\_ Bus. Phone (201) 797-7200

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_ Bus. Phone \_\_\_\_\_

If any of the persons and/or entities listed above is a corporation or Limited Liability Corporation, for each such corporation provide all information requested in Section Two of this Questionnaire.

### SECTION FOUR N/A

(To be completed only by Partnerships or Joint Ventures)

Provide a copy of the partnership or joint venture agreement of applicant.

Copy attached? \_\_\_\_\_ Yes \_\_\_\_\_ No

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**TYPE OF ASSOCIATION:**

Check One N/A

☐ General Partnership☐ Limited Partnership☐ Joint Venture

**GENERAL PARTNERS OR JOINT VENTURERS.** List the following information as to each partner or joint venturer. Use additional copies of this section, as necessary. If a limited partnership, list limited partners separately under the heading "limited partners."

Name: N/A

Street Address:

City, State &amp; Zip Code:

Telephone:

Name:

Street Address:

City, State &amp; Zip Code:

Telephone:

**LIMITED PARTNERS.** List the following information as to each limited. Use additional copies of this section as necessary.

N/A

Name:

Street Address:

City, State &amp; Zip Code:

Telephone:

Name:

Street Address:

City, State &amp; Zip Code:

Telephone:

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**FORMER PARTNERS/JOINT VENTURERS.** List the following information as to all prior partners (general and limited) and joint venturers of the applicant during the past 10 years that are not listed above. Use additional copies of this section as necessary.

Name: N/A

Street Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Dates during which individual was a partner: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Telephone \_\_\_\_\_

Dates during which individual was a partner: \_\_\_\_\_

If any of the persons and/or entities listed above is a corporation or Limited Liability Corporation, for each such corporation provide all information requested in Section Two of this Questionnaire.

## SECTION FIVE N/A

(This section to be completed only if the business concern is organized in a form other than a sole proprietorship, corporation, partnership or joint venture—such as a trust or association)

**FORM OF BUSINESS ORGANIZATION:** Describe how the business entity is organized and under what legal authority it was established.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Type (trust, trade association; estate; etc.)

Copy attached? ☐ Yes ☐ No

**OWNERS, OFFICERS, TRUSTEES, CONTROLLING PARTIES, ETC.** List the following information as to each person who owns, controls or is an officer or trustee of the Applicant. If any owner, officer, trustee, or controlling party listed below shall be a corporation, limited liability corporation, or partnership (general or limited liability), the Applicant shall supply the information requested in Sections Two, Three and Four as applicable. Use additional copies of this section as necessary.

Name: N/A

Street Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

## SECTION SIX

### CIVIL VIOLATIONS HISTORY

(To be completed by all applicants)

The following questions concern civil violations of environmental protection laws and regulations. In this section, the term "you" refers to the applicant identified in SECTION I, and to any of the following:

- a. Any predecessor firm, or any previous name under which the applicant operated.
- b. Subsidiaries: Any business in which the applicant holds 25% of equity or debt liability.
- c. Sister companies: Any business in which the applicant's parent company holds more than 10% of the equity or debt liability.
- d. Any corporation of which the Applicant is a subsidiary.
- e. Any Officer, Director, Partner, or Joint Venturer of the applicant, and any business concern owned or controlled by any such individual.

Provide a response in each section. Each item pertains to all of the entities and individuals listed above. If an answer is None or the item is not applicable, write "None" or "N/A". A question left unanswered will not be presumed "Not applicable" or "None" - THE FORM WILL BE DEEMED INCOMPLETE.

As used below, the term "law or regulation pertaining to protection of the environment" includes laws and regulations relating to the discharge, treatment, storage, processing, recycling or disposal of industrial waste or hazardous waste and any others relating to water and air pollution, discharge of hazardous substances and treatment of hazardous materials. It includes regulations of the Passaic Valley Sewerage Commissioners ("PVSC"), N.J. DEP, the U.S. EPA, the N.J. DOT, and the U.S. Department of Transportation.

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**A. NEW JERSEY VIOLATIONS NOTICES.** List and explain all Summonses, Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, civil complaints, settlements, Judicial or Administrative Consent Orders, or Notices of Intent to Deny or Revoke any license or permit, or similar notices, issued to you within the past 10 years by the PVSC, New Jersey Department of Environmental Protection (DEP) or United States Environmental Protection Agency. **Attach additional sheets if necessary.**

Name of entity cited: See attached Date Issued: \_\_\_\_\_

Address of alleged violation: \_\_\_\_\_

Alleged violation: \_\_\_\_\_ Type of notice: \_\_\_\_\_

Disposition & explanation: \_\_\_\_\_

Name of issuing agency: \_\_\_\_\_ Docket No.: \_\_\_\_\_

**B. FEDERAL VIOLATION NOTICES.** List and explain all Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, civil complaints, or similar notices issued to you within the past 10 years by the U.S. Environmental Protection Agency or U.S. Department of Transportation for any alleged violation of any federal law or regulation pertaining to protection of the environment. **Use additional copies of this section as necessary.**

Name of entity cited: None Date Issued: \_\_\_\_\_

Address of alleged violation: \_\_\_\_\_

Alleged violation: \_\_\_\_\_ Type of notice: \_\_\_\_\_

Disposition & explanation: \_\_\_\_\_

Name of issuing agency: \_\_\_\_\_ Docket no.: \_\_\_\_\_

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**C. NEW JERSEY MUNICIPALITIES AND COUNTIES.** List and explain all Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, Summonses, civil Complaints, Citations of any kind, and Notices of intent to Deny or Revoke a license or permit, or any similar notices issued to you within the past 10 years by any municipality or county in the State of New Jersey, for any alleged violation of any law or regulation pertaining to the protection of the environment, other than a motor vehicle or littering offense. Use additional copies of this section as necessary.

Name of entity cited: None Date Issued: \_\_\_\_\_

Address of alleged violation: \_\_\_\_\_

Alleged violation: \_\_\_\_\_ Type of notice: \_\_\_\_\_

Disposition & explanation: \_\_\_\_\_

Name of issuing agency: \_\_\_\_\_ Docket no.: \_\_\_\_\_

**D. OTHER STATES AND FOREIGN COUNTRIES.** List and explain all Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, Summons, Civil Complaints, Citations of any kind, and Notices of Intent to Deny or Revoke a license or permit, or any similar notices issued to you within the past 10 years by any state other than the State of New Jersey or by any foreign country, for any alleged violation of any law or regulation pertaining to the protection of the environment, other than a motor vehicle or littering offense. Use additional copies of this section as necessary.

Name of entity cited: None Date Issued: \_\_\_\_\_

Address of alleged violation: \_\_\_\_\_

Alleged violation: \_\_\_\_\_ Type of notice: \_\_\_\_\_

Disposition & explanation: \_\_\_\_\_

Name of issuing agency: \_\_\_\_\_ Docket no.: \_\_\_\_\_

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## SECTION SEVEN

## OTHER CIVIL COURT JUDGMENTS AND PENDING LITIGATION

(To be completed by all applicants)

**A. OTHER JUDGMENTS.** List and explain all judgments of liability in excess of \$25,000 rendered against the applicant in the past 10 years, starting with the most recent. Use additional copies of this section as necessary.

Title of case:	None	Docket No.:	
Name & location of court:		Date judgment entered:	
Nature of suit:		Amt./terms of judgment:	

**B. PENDING SUITS.** List and explain all civil suits in which the applicant is presently involved as a party plaintiff or defendant. Include matters involving resolution before arbitration boards. Use additional copies of this section as necessary.

Title of case:	None	Docket No.:	
Name & location of court:		Date Filed:	
Nature of suit:		Status:	

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**SECTION EIGHT****CRIMINAL CHARGES AND CONVICTIONS**

(To be completed by all applicants)

List all indictments, accusations, summonses, complaints, and information against the applicant for any crime, felony, misdemeanor, disorderly persons offense, petty disorderly persons offense or criminal violation.

**NOTE:** You need not list convictions for any violation of Title 39 of the Revised Statutes (N.J.S.A.) or comparable motor vehicle offenses in jurisdictions other than New Jersey. Death by Auto or Vehicular Homicide is considered a criminal offense and must be listed under this item.

List convictions first. Use additional copies of this page as necessary.

Name of entity  
charged/convicted: None

Description of  
crime/offense charged: \_\_\_\_\_

Date  
Charged: \_\_\_\_\_

Jurisdiction  
Where Charged: \_\_\_\_\_

Indictment information,  
Complaint No., indictment No. etc., \_\_\_\_\_

Disposition (if applicable,  
sentence imposed): \_\_\_\_\_

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**CERTIFICATION**

(All applicants must sign and date the  
following certification)

I hereby certify the answers supplied in the foregoing SUPPLEMENTAL SEWER USE PERMIT APPLICATION QUESTIONNAIRE are true. I am aware that if any of the foregoing responses are willfully false, I am subject to punishment.

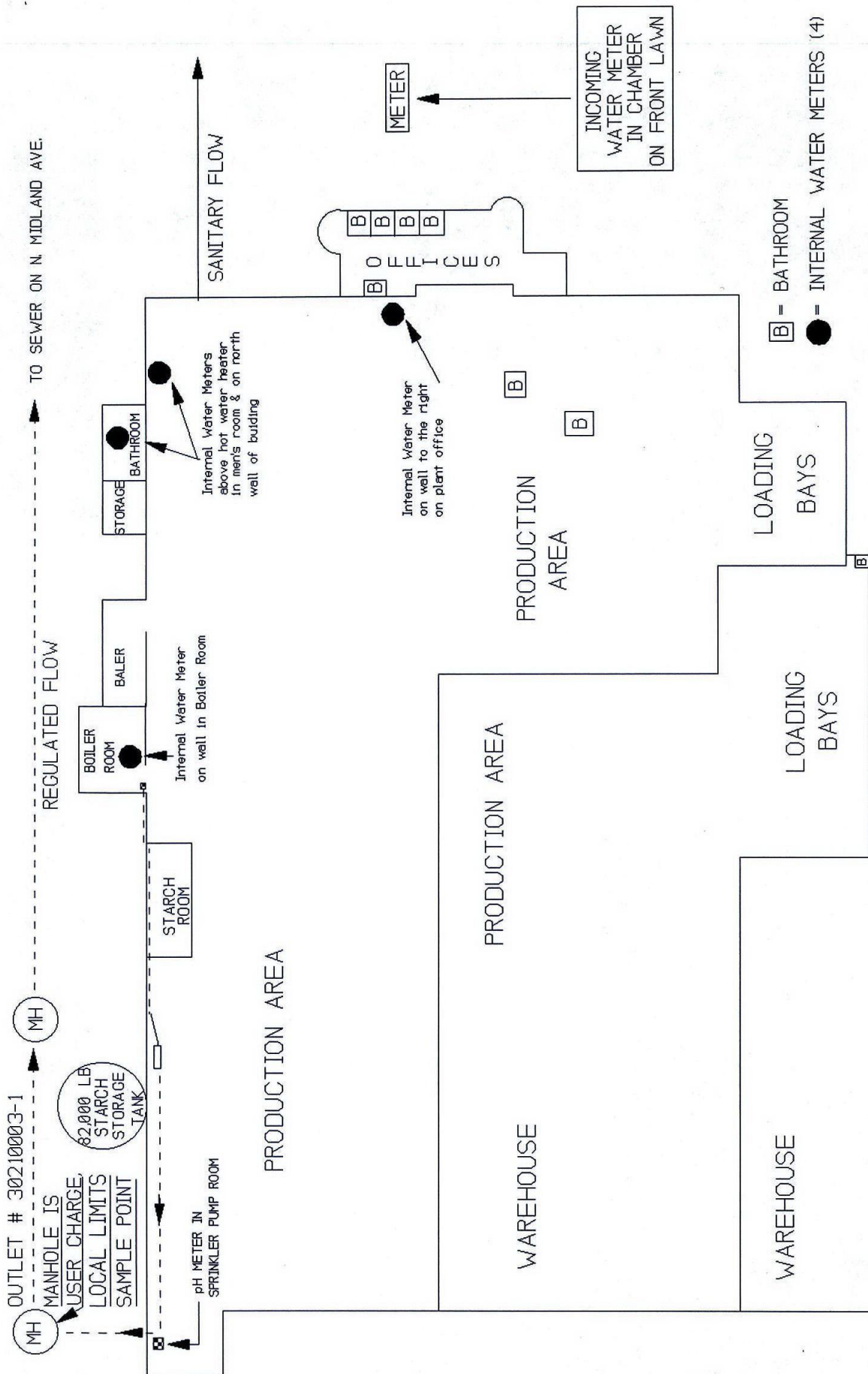
Dated:

7/24/03



Signature

Raymond F. Kurland, Production Manager  
Print Title & Position



ENTERPRISE CORRUGATED CONTAINER  
575 N. MIDLAND AVENUE  
SADDLE BROOK, NJ 07662

PLOT PLAN - NTS

*Handwritten signature and date:*  
7/24/03



OVER 55 YEARS OF SERVICE

Passaic Valley Sewerage Commissioners  
600 Wilson Avenue  
Newark, NJ 07105

July 23, 2003

Attn: Angela Dees,  
Industrial Department

RE: Submittal of PVSC Permit Application for Permit Renewal #30210003

Dear Ms. Dees:

Enclosed please find our PVSC Permit Application, with the application fee, for the renewal of our sewer permit. We will collect the appropriate samples during the first week of August and will forward the information to you as soon as it is available from the analytical laboratory.

Please contact me if you have any questions or need any further information.  
Thank You.

Sincerely,

ENTERPRISE CORRUGATED CONTAINER CORP.

A handwritten signature in blue ink, appearing to read "Raymond F. Kurland", is written over the typed name.

Raymond F. Kurland,  
Production Manager

ENTERPRISE CORRUGATED CONTAINER CORPORATION  
575 N. Midland Avenue • Box 512 • Saddle Brook, NJ 07663  
201-797-7200 • Fax 201-796-5237 • [www.enterprisecorrugated.com](http://www.enterprisecorrugated.com)

DONALD TUCKER  
CHAIRMAN

CARL S. CZAPLICKI, JR.  
VICE CHAIRMAN

ANTHONY W. ARDIS  
FRANK J. CALANDRIELLO  
ALAN C. LEVINE  
ANGELINA M. PASERCHIA  
KENNETH R. PENGITORE  
THOMAS J. POWELL  
COMMISSIONERS



Passaic Valley  
Sewerage Commissioners

100<sup>th</sup> Anniversary  
1902 - 2002

600 WILSON AVENUE  
NEWARK, NJ 07105  
(973) 344-1800  
Fax: (973) 344-2951  
www.pvsc.com

ROBERT J. DAVENPORT  
EXECUTIVE DIRECTOR

JAMES KRONE  
DEPUTY EXECUTIVE DIRECTOR

JOSEPH A. FERRIERO  
CHIEF COUNSEL

LOUIS LANZILLO  
CLERK

INDUSTRIAL FAX (973-344-4876)

## RECEIPT FOR:

APPLICATION FEE

LETTER OF AUTHORIZATION

PERMIT FEE

CONNECTION FEE

RECEIVED FROM: Enterprise Corrugated

ADDRESS: 575 N. Midland Ave

LOCATION: Saddle Brook, NJ. 07662

AMOUNT OF PAYMENT:

\$ 750.00 APPLICATION FEE

\$ 150.00 LETTER OF AUTHORIZATION

\$ 300.00 PER YEAR (NON CATEGORICAL)

\$ 600.00 PER YEAR (CATEGORICAL)

\$ \_\_\_\_\_ CONNECTION FEE

TOTAL AMOUNT RECEIVED: \$ 750.80

DATE OF PAYMENT: 7/25/03

PAYMENT RECEIVED BY: Nicholas D. Tili

SIGNATURE: [Signature]

AMOUNT 750 DATE: 7-28-05

**PASSAIC VALLEY SEWERAGE COMMISSIONERS**  
**APPLICATION FOR A SEWER USE PERMIT**

INDUSTRIAL	120-1565
8110	8115 8120 8205
JUL 25 2003	

**SECTION A**

1. Company Name ENTERPRISE CORRUGATED CONTAINER CORPORATION
2. Permit Number if applicable: 30210003
3. Location: 575 North Midland Avenue  
Saddle Brook, NJ Zip Code: 07662
4. Mailing Address PO BOX 512  
Saddle Brook, NJ Zip Code: 07662
5. Person to contact concerning information provided in this application:  
 Name of Contact Official: Raymond F. Kurland  
 Title: Production Manager Phone No. 201-797-7200  
 Address 575 N. Midland Avenue, Saddle Brook NJ Zip code 07662
6. Number of Employees – Full Time: 140 Part Time: 0  
 Number of Work Days Per Year: 260  
 Number of Shifts Per Day: 1 - 2
7. If property is owned indicate block and lot number(s):  
N/ A

Assessed Value.

<b>ENTERPRISE CORRUGATED CONTAINER CORPORATION</b> 575 N. MIDLAND AVE. SADDLE BROOK, NJ 07663		<b>Valley National Bank</b> PARAMUS OFFICE 80 EAST RIDGEWOOD AVENUE PARAMUS, NEW JERSEY 07652	57151 55-138/212
PAY TO THE ORDER OF <u>PVSC</u>		07/17/03 DATE	\$750.00 AMOUNT
THE SUM <u>750.00</u>			
"057151" "021201383" "5010835273"			

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